



Tennessee Consolidated Retirement System
502 Deaderick Street
Nashville, Tennessee 37243-0201



AFFIDAVITS OF UNUSED ACCUMULATED SICK LEAVE

If official sick leave records have been lost or destroyed, the employer may certify unused sick leave days to the Retirement System for credit pursuant to T.C.A. § 8-34-604, provided: (1) the employee provides a sworn affidavit stating as nearly as possible the number of unused sick leave days to the employee's credit at the time the employee left the employ of the employer; (2) one current or former co-worker of the employee supplies a sworn affidavit certifying he/she was familiar with the employee's attendance record at issue and to his/her best belief, the number of unused sick leave days contained in the employee's affidavit is reasonable; and (3) the employer certifies the number of unused sick leave days contained in the employee's affidavit is reasonable based on the terms of the employer's sick leave policy in effect during the employee's employment with the employer.

Part I of this form must be completed by the employee/claimant. The current or former co-worker as described above must complete **Part II**. **Parts I and II** must be notarized upon signing and the time claimed in Part I must agree with that certified in Part II. The present department head of that employer under which the sick leave was accrued must complete **Part III**. *Separate affidavits must be filed for each employer.* Please note that any intentional misstatement constitutes fraud and will cause forfeiture of all related benefits in the Retirement System.

Please type or print legibly in black ink.

NAME OF EMPLOYER DURING WHICH THIS SICK LEAVE WAS ACCRUED (<i>one employer per form</i>): _____				
Part I - To be completed by claimant			1. Social Security No.:	
2. Name: Last First Middle Maiden				
3. Address: Street (Rural Route) City State Zip Code				
4. Birthdate:			5. Telephone: ()	
6. Total Number of Unused Sick Leave Days Being Claimed: _____				
7. Number of Sick Leave Days Accrued Annually: <input type="checkbox"/> 9 days <input type="checkbox"/> 10 days <input type="checkbox"/> 11 days <input type="checkbox"/> 12 days				
8. Period of Service for Sick Leave Days Claimed		Months in Full	Months	Position
From	To	Year of Service	Worked	Held
<i>Example: 7-1-60</i>	<i>6-30-61</i>	<i>12</i>	<i>12</i>	

Please type or print legibly in black ink.

I, the employee/claimant, hereby apply for sick leave credit as stated above and further certify, to the best of my knowledge and belief, that the above accurately reflects, as nearly as possible, the number of unused sick leave days to my credit at the time I left the employ of the employer listed above.

Signature _____

State Of _____

County Of _____

Personally appeared before me, the within named _____, and makes oath that he or she executed the foregoing instrument this _____ day of _____, 20 ____.

Notary Seal

Notary Public

My Commission Expires

Part II - To be completed by a current or former co-worker of the employee/claimant

I certify that I am a current or former co-worker of the employee/claimant listed on the front of this form and I was familiar with the employee's attendance record with the employer at issue. I further certify, to the best of my belief, that the number of unused sick leave days contained in the employee's certification on the front of this form is reasonable.

Signature _____

Your Name: Last _____

First _____

Middle _____

Maiden _____

Address: Street (Rural Route) _____

City _____

State _____

Zip Code _____

State Of _____

County Of _____

Personally appeared before me, the within named _____, and makes oath that he or she executed the foregoing instrument this _____ day of _____, 20 ____.

Notary Seal

Notary Public

My Commission Expires

Part III - To be completed by the present department head of the employer under which the sick leave was accrued.

I, _____, hereby certify that the official sick leave records of the number of unused sick leave days the employee/claimant had remaining at termination of employment have been lost or destroyed. I further certify that the number of unused sick leave days contained in the employee's certification on the front of this form is reasonable based on the terms of our department's sick leave policy in effect during the employee's employment with this department. I understand that this representation is subject to audit by the Tennessee state comptroller as provided in T.C.A. § 8-34-318.

Agency _____

Signed _____

Telephone (_____) _____

Title _____

Date _____